

Trauma System Advisory Committee
3760 South Highland Drive Salt Lake City, UT 84106
5th Floor Board Room
DRAFT Meeting Minutes
Monday, June 24, 2013

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| Committee Members: | Tom White MD, Craig Cook MD, Mark Dalley, Stephen Morris MD, Deanna Wolfe RN, Nancy Chartier RN, Kevin McCarthy; Paramedic, Clay Mann PhD, Jason Larson MD, Holly Burke RN, and Hilary Hewes MD. |
| Excused: | Dr. Craig Cook, Dr. Jason Larson and Dr. Stephen Morris. |
| Guests: | Sue Day, Kris Kemp MD and Lyle Odendahl |
| Staff: | Shari Hunsaker, Iona Thraen, Peter Taillac MD, Jolene Whitney, Bob Jex, Whitney Johnson Levano, and Suzanne Barton. |
| Presiding: | Dr. Tom White |

| Agenda Topic | Discussion | Action |
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| | Welcome | |
| Welcome | Dr. Tom White welcomed the Committee to the meeting and acknowledged guests present. | |
| Introduction | Jolene Whitney introduced Suzanne Barton who replaced Annalyn Beers and welcomed her to the TSAC Committee meeting. | |
| | Action Items: | |
| Approval of Minutes | The March Trauma System Advisory Committee meeting minutes were reviewed and approved by the Committee. | Holly Burke motioned to approve the March 2013 meeting minutes. Deanna Wolfe seconded the motion. All present members voted in favor of the motion. No one opposed; None abstained. Motion carried. |
| Recognition Awards | Jolene Whitney presented State of Utah Eternal Flames to Dr. Tom White, Dr. Clay Mann and Kevin McCarthy as a token of appreciation for the years of effort they have put into the committee and our thanks and appreciation for your input. | |
| Open Meetings Act | <p>Lyle Odendahl announced that the Legislature makes us review the Opens Meetings Act for good reason. It has been on the books for 34 years now and the penalty for violating the Open Meetings Act has recently had significant changes. Lyle distributed the 2013 Utah Open and Public Meetings Act and quick reference to the Trauma Systems Advisory Committee and staff to follow along.</p> <p>Jolene Whitney stated that the quorum requirements for the TSAC are half plus one. Notice to the public has to be filed 24 hours in advance of the meeting. The agenda has to be specific and new items not on the agenda can be discussed but not voted upon. The date, time and the place must be displayed. Pending minutes need to be made available to the public within 30 days. Recordings of meetings must be placed on website within 3 business days. When items are voted upon, record each vote by individual member. The name of each guest needs to be given prior to speaking. Procedure needs to be in place for approving minutes which after approval will become an official record. Electronic meetings are encouraged; must have a rule in place. There is no requirement to allow the public to comment at the meeting. It is a Class B Misdemeanor to violate the Open Meetings Act.</p> | |

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| Status on Rule Revisions | Jolene Whitney announced that the Bureau has gone through a revision of all the rules associated with EMS that included licensing, trauma and training. Thirteen sets of rules have gone through revisions and review by various stakeholders the past 18 months. They will be ready for public comment July 1st – 30 th of July and will be effective August 7 th . We will be making some changes to the trauma rules and will bring that back to the committee for discussion. | |
| Protocol Guidelines for the State | Dr. Peter Taillac reported that his task force has been working up to a year on a draft of protocol guidelines for the State to be placed on the website for EMS agency medical directors to use as they see fit. The guidelines will be reviewed and updated regularly by the committee. They will be available the first week of July and will be presented to the EMS Committee for comments and input and after that, it will be published widely as a draft document to all the EMS Agencies and Directors for comments and updates with a 30 day comment period. The final copy will be published on the website by August 15 th . Peter shared a draft of the Guidelines with TSAC members. Jolene reminded them that they received the draft the last meeting and have had time to submit comments and suggestions to Peter especially those that are related to trauma. The guidelines have been enhanced with a very thorough and complete Pediatric update. | |
| Certificate of Achievement | Dr. Peter Taillac recognized Kevin McCarthy in honor of his outstanding dedication and commitment as a member of the Utah Protocol Model Guidelines Task Force. | |
| Status on PI Process | Shari Hunsaker gave an update on the Performance Improvement process. The workshops are scheduled in Cedar City on August 12 th , Brigham City on August 19 th and Price on August 26 th . The workshops will run from 10 am – 4pm. We have been approved by Professional Development to offer 4 CME for EMS professionals that attend the workshops. Additional pediatric blood pressure cuffs, stethoscopes and other equipment are needed to facilitate the skills lab. The Cedar City workshop will be held at Southern Utah University. Brigham City will be at USU (Brigham City Campus) and the Price workshop will be held at Castleview Hospital with no charge for hosting our workshop. The agenda will be finalized in the next few weeks. Dr. Peter Taillac commented that we are really trying to “preach the gospel” on performance improvement and we are giving them kits to help show them that it is really not hard to do the process and generate an interest in it. We are also going to push out the concept of pediatric vital signs and hypertensive resuscitation and appropriate fluid management with trauma patients. Shari commented that their goal is to help guide EMS agencies and hospitals on how to develop a trauma PI plan. Our goal is to have them walk out with something in hand to help them develop and implement a PI plan for their agencies. The course has been created and registration is available on UTRAIN. Marketing is being done and detailed emails have been sent out to EMS agencies and hospitals, and flyers are being made for distribution also. Shari commented that she has replaced Josh Legler as the Data Manager and she has not found her replacement as of yet. | |
| Status on Trauma Registry | Shari Hunsaker reported that the selection committee has been identified. They have met twice and she is currently working on the scope of work for the RFP for the new software solution and hopes to have it done by August 1st. We are submitting monthly on the trauma registry through E-Trauma base, but it is not as timesaving as we were | |

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| | lead to believe. The CDM has offered us some vaporware that is different than software. The hospitals are submitting their data thru E-TraumaBase and then it is being manually copied and deposited in to the State repository. We are looking for software with more modules so if we decide to add stroke or stemi or a rehabilitation module in the future, we can. | |
| EMSC Emergency Department Peds Designation | <p>Whitney Levano gave the update that all 46 hospitals responded and they got 100% response rate on the ED pediatric readiness assessment. She has a profile of their pediatric readiness and can share the aggregate data for how the state did but not individually. The emergency managers were very helpful in getting to 100% and we are going to go to the UDAC meeting and share the data with them and thank them for their assistance. The state rate is 74 out of 100 and the national rate is 70 out of 100, so we did better than the national average. The lower volume hospitals received lower scores and mid-level scores for the middle volume hospitals and the higher volume hospitals received higher scores. Compared to the national level, we were above average on all levels for the state. Deanna Wolfe made a request that the information be sent to the Emergency Department Director and the Emergency Preparedness Coordinator. It will have to be approved by NEDARC. Another thing that Whitney mentioned that Emergency Medical Services for Children has a series of performance measures that we are asked to meet and we report on them each year and Utah does very well with these. These measures are online/offline medical direction for EMS, protocols for ambulances, air facility transfer agreements and trauma designation in our state. The goal is 50% trauma designation and we are 3 to 4 hospitals short of achieving that goal. Another performance measure is a medical designation for pediatrics and our state does not have that. In our state there is a designation (rule 426) for a resource hospital or trauma center. We are working to identify the best route to develop this requirement.</p> <p>Discussion among the Committee members took place.</p> | |
| Designations Status | Jolene reported that we have three facilities at level 1, three at level 2, three at level 3 and nine at level 4 and one at level 5. We have nineteen facilities that have been designated as trauma centers and we have ten facilities that we are actively working with their PI minutes, surgeons, ED's and coordinators. We should be at 29 this time next year. | |
| Discussions for Next Meeting | <p>—Free Standing ED's</p> <p>—SST regional Meetings</p> | |
| End of Meeting | Next Meeting: September 23, 2013 | Meeting Adjourned |